

# Winner of 2022 PIF Essay Competition

Georgina Digby

Medical Postgraduate year 1 doctor, Canberra Health Services



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists



## Essay topic - What is the role of psychiatry in recovery from severe trauma?

### Through the Looking Glass: Healing the Human Kaleidoscope

By Georgina Digby

#### Introduction

Kaleidoscopes are wonderous instruments. How do simple objects of mirror and glass produce such inordinate beauty? Human Kaleidoscopes are similar wonders. How do complexes of cells and their environment beget such disproportionately sophisticated beings capable of profound physicality, thought, emotion and character? This anthropological question is intricate in essence and compounded when examined in the context of severe trauma survivors.

The Royal Australian and New Zealand College of Psychiatrists (RANZCP, 2020) defines trauma as, "...the broad psychological and neurobiological effects of an event, or series of events, that produces experiences of overwhelming fear, stress, helplessness or horror."

The role of contemporary psychiatrists in trauma recovery is shaped by the concept of trauma-informed practice (RANZCP, 2020). Founded on six tenets, this strength-based framework aims to promote safety, trustworthiness, empowerment, peer support, collaboration, and respect for diversity (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). In applying this approach, psychiatrists serve unique roles in advancing trauma recovery by ameliorating the impact of trauma on individuals, encompassing communities' needs and contribution into trauma care, and fortifying the outlook of trauma practice through advocacy, research, and clinical leadership.

#### A mirror to one: healing individuals

As trauma-informed practitioners, psychiatrists must realise the pervasive harm of trauma on individuals, groups, and communities; recognise the multiplicity of trauma manifestations; respond by applying evidence-based knowledge in practice and reduce risks of re-traumatisation (SAMHSA, 2014).

Trauma varies upon the causative event, duration and repetition of exposure, suddenness and uncontrollability of traumatic stressors, and other biopsychosocial determinants (RANZCP, 2020; Donaldson, 2018). Seeking to comprehend and validate trauma survivors' lived experiences guides trauma-focused therapies and psychopharmacologic interventions commensurate with consumers' needs, reduces risk of re-traumatisation and fosters robust therapeutic relationships necessary for effective treatment (SAMHSA, 2014; Phoenix Australia, 2020).

To provide holistic patient care, psychiatrists must appreciate the bidirectionality of mental and physical illness (RANZCP, 2020). Trauma's effect on the human body can be profound, with molecular and epigenetic responses to trauma resulting in structural and functional alterations to both brain and body (Kosman & Levy-Carrick, 2019). Trauma may also surface as harmful somatic manifestations including physical self-harm, sleep and appetite disturbances, pain, and functional disabilities (RANZCP, 2015; Donaldson, 2018). Over a lifespan, trauma exposure can engender a myriad of medical sequelae including metabolic, heart, lung, and liver diseases (Kosman & Levy-Carrick, 2019). These secondary complications can cyclically worsen sufferer's mental wellbeing and lead to dramatically reduced life expectancy (Brown, et al., 2019). It is therefore imperative that psychiatrists recognising the extensive health implications of trauma and provide care focusing on prevention, early detection and intervention of trauma-related illness.

The strength-based nature of trauma-informed practice produces a transformative paradigm shift towards consumer empowerment (SAMHSA, 2014). Contrary to the antiquated illness model which positioned patients as passive treatment recipients, psychiatry now emphasises a wellness model of shared decision-making, competency and skill acquisition, goal setting and self-advocacy (Kezelman, 2014; Repper & Carter, 2011). By enabling patients, this practice reduces hospitalisation and improves consumer's daily function (Kezelman, 2014).

### **A mirror to many: trauma care within communities**

While mental illnesses are isolating afflictions to subjects, they are paradoxically social maladies to those witnessing their pernicious effect (MacDonald, 1983). Psychiatrists perform fundamental roles in addressing the cascading ramifications of trauma on families and populations, and facilitating community contribution to care (SAMHSA, 2014).

Being trauma-informed necessitates an awareness that patient's trauma impacts their significant others, health professionals, and entire community (SAMHSA, 2014). Experiences of adverse childhood events (ACEs), including household mental illness, violence, abuse, and neglect, raise children's propensity to experience their own mental illness, addiction, poorer physical health, and reduced social wellbeing (Donaldson, 2018). ACEs also increase victim's likelihood of poor parenting and child maltreatment as parents (World Health Organization [WHO], 2013). One literature search revealed that people with greater than three ACEs were eleven times more likely to use heroin or be incarcerated and those with greater than five ACEs have 35 times the suicide risk of others without this exposure (Donaldson, 2018). Breaking this vicious cycle requires identification and comprehensive treatment of trauma (WHO, 2013). Psychiatrists should consider the benefits of family or group psychotherapy and firmly understand their mandatory reporting obligations which aim to safeguard children from harm (WHO, 2013). The capacity of service systems to re-traumatise individuals must also be considered and, where possible, children should remain connected to their culture and supportive kin (National Indigenous Australians Agency, 2021). Given the cyclical and deleterious consequences of relational and intergenerational trauma, psychiatrists must support families during trauma recovery to minimise perpetuation of such trauma.

Given trauma's rippling effects, psychiatrists must skilfully address trauma within vulnerable communities. Massive group trauma can emanate from disasters, war, displacement, dispossession, incarceration, discrimination, and social marginalisation (SAMHSA, 2014). The resulting trauma can have transgenerational transmission which profoundly shapes populations and predisposes members to psychological conditions (Gopalkrishnan, 2018). Susceptible communities include Indigenous peoples, refugees, asylum seekers, LGBTQI+ persons, and military personnel (RANZCP, 2021). To optimise their care, psychiatrists must contextualise mental illness and integrate population-specific needs into practice (Phoenix Australia, 2020). When treating Aboriginal and Torres Strait Islander peoples, for instance, cultural cognisance of the historical and perpetual trauma derived from colonisation is imperative (Atkinson, 2013). Meeting community-specific needs collaboratively empowers these populations and promotes the social, emotional, and spiritual wellbeing of individuals and their community collectively (Gopalkrishnan, 2018).

Just as a village raises a child, a village is vital in remediating one's trauma. Interdisciplinary teams of medical and allied health practitioners are integral in providing holistic, multimodal trauma care (RANZCP, 2021). Psychiatrists are both leaders and followers in these collaborations which have been shown to enhance efficacy, quality, and cultural sensitivity of service delivery, cultivate interprofessional relationships and learning, and consequently improve patient outcomes (Schultz, et al., 2014). Psychiatrists should also incorporate those with lived trauma experience into patient care as peer support offers catharsis through sharing of trauma narratives, balancing of traditional power differentials within healthcare, and humanising of trauma response and recovery (Repper & Carter, 2011). Similarly, integrating relevant cultural and community supports, like Aboriginal Health Workers, heightens consumer engagement, decreases discharges against medical advice and improves continuity of care (Mackean, et al., 2020).

### **A mirror to the future: psychiatrists as leaders**

In an everchanging world, psychiatrists are strongly positioned to be mental health advocates, educators, researchers, and leaders who identify current healthcare gaps and provide future direction to

trauma care and preventative practice (RANZCP, 2013). Key focuses include advocacy against inequitable service access and mental health stigma, broadening evidence-based research, and promoting self-care within the workforce.

Inequitable access to mental health services affects rural communities, culturally and linguistically diverse populations, and at-risk groups such as veterans, individuals within justice or detention systems and people with disabilities (RANZCP, 2021). While this shortcoming will require collective action by governments, regulatory bodies, health services, and practitioners, psychiatrists are paramount in advocating for and adopting policy and organisational changes that promote access equity (Rosena, et al., 2020).

Contributing to access limitations is the pervasive ignorance, fear and stigma surrounding neuropsychiatric conditions (Rosena, et al., 2020). Societal misunderstanding of trauma often instigates pathologising and blaming of victims which further detracts their wellbeing (Mental Health Coordinating Council, 2013). Attitudinal barriers towards mental illness can delay presentation and intervention, degrade provision of support, and alter resource allocation (Fiorillo, et al., 2016). Internal stigma towards psychiatrists from other medical colleagues can cause rejection, isolation and altered desire to pursue psychiatric training (Fiorillo, et al., 2016). Dismantling stigma and discrimination against mental illness is a monumental challenge necessitating psychiatrists be steadfast advocates, educators, and facilitators of societal change (RANZCP, 2013).

Psychiatrist training and engagement in research is fundamental for developing innovative and evidence-informed practice but is often marginalised due to high service pressures, insufficient funding, and lack of administrative support (Stein, 1970; Fiorillo, et al., 2016). Given the ethno-cultural, social, economic, and legislative intricacies of Australian and New Zealand populations which influence psychiatric patients, services and supports, it is essential that locally relevant research is conducted which will contribute to future reform of psychiatric care within these countries (RANZCP, 2021).

To protect others from trauma's insidious effects, psychiatrists must also fortify themselves. Trauma-informed care applies to many sectors including criminal justice systems, education and child services, military forces, emergency services, and to the mental health workforce (SAMHSA, 2014; Phoenix Australia, 2020). Psychiatrists are key players in fostering awareness of service providers' increased risk of empathy-based stress, vicarious trauma, compassion fatigue and burnout (Quitangon, 2019). This is an essential step in safeguarding the wellbeing of mental health workers and developing strategies to mitigate possible fallouts including compromised patient care and emergence of trauma-related illness within service providers (Mitra & Uvais, 2022). Professional self-care becomes increasingly pertinent in turbulent times when co-experiences of trauma become commoner and the resultant rise in psychological morbidity further burdens mental health systems, demanding its fortitude (Mitra & Uvais, 2022).

## **Conclusion**

Trauma-informed psychiatry is multifaceted and evolves alongside the populations it serves. As mirrors to individuals, psychiatrists better illuminate patient's understanding of their traumatic experiences and empower them in shared decision-making. As mirrors to communities, psychiatrists cast light on the importance of integrating families, communities, and interdisciplinary teams into trauma healing. As mirrors to the future, psychiatrists play eminent roles in advocacy, research, and clinical leadership to improve society's comprehension and care of trauma survivors. By implementing trauma-informed practice at individual, community and societal levels psychiatrists invite the world to peer through the looking glass towards a future of more holistic care of the Human Kaleidoscope.

## References

- Atkinson, J., 2013. *Trauma-informed services and trauma-specific care for Indigenous Australian children. Resource sheet no. 21. Produced for the Closing the Gap Clearinghouse*, Canberra: Australia Institute of Health and Welfare & Melbourne Australian Institute of Family Studies.
- Brown, D. et al., 2019. Adverse Childhood Experiences and the Risk of Premature Mortality. 37(5), pp. 389-396.
- Donaldson, W., 2018. *Trauma-Informed Care: Literature Scan*, Auckland: Te Pou o te Whakaaro Nui.
- Fiorillo, A., Volpe, U. & Bhugra, D., 2016. Role and responsibilities of psychiatrists. In: *Psychiatry in Practice: Education, Experience, and Expertise*. Oxford: Oxford Academic, pp. 1-10.
- Gopalkrishnan, N., 2018. Cultural Diversity and Mental Health: Considerations for Policy and Practice. *Frontiers in Public Health*, Volume 6, Article 179.
- Kezelman, C., 2014. *Trauma informed practice*. [Online]  
Available at: <https://mhaustralia.org/general/trauma-informed-practice>  
[Accessed 4 January 2023].
- Kosman, K. & Levy-Carrick, N.-0.-0.-2., 2019. Positioning Psychiatry as a Leader in Trauma-Informed Care (TIC): the Need for Psychiatry Resident Education. *Academic Psychiatry*, Volume 43, pp. 429-434.
- MacDonald, M., 1983. *Mystical Bedlam: Madness, Anxiety and Healing in Seventeenth-Century England (Cambridge Studies in the History of Medicine)*. Cambridge: Cambridge University Press.
- Mackean, T., Wilthall, E., Dwyer, J. & Wilson, A., 2020. Role of Aboriginal Health Workers and Liaison Officers in quality care in the Australian acute care setting: a systematic review. *Australian Health Review*, 44(3), pp. 427-433.
- Mental Health Coordinating Council, 2013. Trauma-Informed Care and Practice: Towards a cultural shift in policy reform across mental health and human services in Australia, A National Strategic Direction. *Position Paper and Recommendations of the National Trauma-Informed Care and Practice Advisory Working Group*.
- Mitra, S. & Uvais, N., 2022. "In it Together"—Psychiatrists' Lived Experience of Trauma During the Pandemic and its Impact on the Future of Psychiatry. *Indian Journal of Psychological Medicine*, 44(1), pp. 102-103.
- National Indigenous Australians Agency, 2021. *National Aboriginal and Torres Strait Islander Early Childhood Strategy*, Canberra: National Indigenous Australians Agency.
- Phoenix Australia, 2020. *Australian Guidelines for the Treatment of Acute Stress Disorder, post-traumatic stress disorder (PTSD) and complex post-traumatic stress disorder (CPTSD)*, s.l.: Phoenix Australia.
- Quitangon, G., 2019. Vicarious Trauma in Clinicians: Fostering Resilience and Preventing Burnout. *Psychiatric Times*, 36(7).
- Repper, J. & Carter, T., 2011. A review of the literature on peer support in mental health services. *Journal of Mental Health*, 20(4), p. 392–411.
- Rosena, A., Gill, N. & Salvador-Carullaf, L., 2020. The future of community psychiatry and community mental health services. *Current Opinion in Psychiatry*, 33(4), p. 390.
- Royal Australian and New Zealand College of Psychiatrists (RANZCP), 2013. *The role of the psychiatrist in Australia and New Zealand*. [Online]  
Available at: <https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/role-of->

psychiatrist-in-australia-and-new-zealand

[Accessed 28 December 2022].

Royal Australian and New Zealand College of Psychiatrists (RANZCP), 2015. *Keeping Body and Mind Together: Improving the physical health and life expectancy of people with serious mental illness*, Melbourne: Royal Australian and New Zealand College of Psychiatrists.

Royal Australian and New Zealand College of Psychiatrists (RANZCP), 2020. *Trauma-Informed Practice*. [Online]

Available at: <https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/trauma-informed-practice#:~:text=Trauma%20may%20be%20defined%20as,%2C%20stress%2C%20helplessness%20or%20horror.>

Royal Australian and New Zealand College of Psychiatrists (RANZCP), 2021. *Principles for mental health systems*. [Online]

Available at: <https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/principles-for-mental-health-systems>

[Accessed 3 January 2023].

Schultz, C. et al., 2014. Interdisciplinary Care to Enhance Mental Health and Social and Emotional Wellbeing. In: *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*. s.l.:Telethon Institute for Child Health Research/Kulunga Research Network, pp. 221-242.

Stein, M., 1970. Psychiatrist's Role in Psychiatric Research. *Archives of general psychiatry*, 22(6), p. 481-489.

Substance Abuse and Mental Health Services Administration (SAMHSA), 2014. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*, Rockville, MD: HHS Publication No. [SMA].

World Health Organization (WHO), 2013. *European Report on Preventing Child Maltreatment*, Denmark: World Health Organization.